
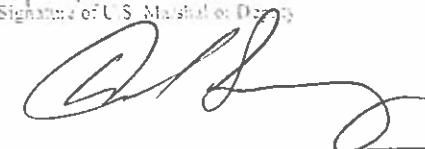


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service v. [Name]*

PLAINTIFF <u>Troy Vincent Heward</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>"Employee" Fitzgerald-Young</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>"Employee" Fitzgerald-Young, PADOC SCI-PAX</u>		
ADDRESS (S. or P.O. Box, Apartment No., City, State and Zip Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Troy Vincent Heward / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 255 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>		

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 255 if more than one USM 255 is submitted)</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk
Date				
I hereby certify and return that <input type="checkbox"/> I have personally served, <input checked="" type="checkbox"/> I have legal evidence of service, <input type="checkbox"/> I have executed as shown in "Remarks", the process described on this individual, company, corporation, etc., at the address shown above, or on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (See remarks below.)				
Name and title of individual served (if not shown above) <u>Sonia Orlando - Superintendent's Assistant</u>			Date <u>4/7/23</u>	Time <u>11:39</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different than shown above) <u>SCI Phoenix</u>			Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Case Sheet >>

REMARKS

Process accepted via Electronic Service
on Behalf of Fitzgerald-Young

Service Fee
1 HR x \$65.00/hr = \$65.00
Mileage = 0

Total \$0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service*

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT John Muick		TYPE OF PROCESS Summons/ Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John Muick, PADOL SCI-PHX		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1200 Mokychie Dr., Collegeville, PA 19426		
SERVE AT	END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Troy Vincent Lewald / NS/262 1200 Mokychie Dr. Collegeville, PA 19426		Number of process to be served with this Form 235 2 Number of parties to be served in this case 47 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTIC@PA.GOV

Signature of Attorney or Originator requesting service on behalf of 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
---	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated <i>(Use only for USM 235 if more than one USM 235 is submitted)</i>	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown on the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See Remarks below)					
Name and title of individual served (if not shown above) Gina Orlando Superintendents Assistant SCI Phoenix				Date 4/7/23	Time 11:39
Address (complete only, different than shown above)				Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Case Sheet >>

REMARKS
Process accepted via Electronic Service
on Behalf of John MuickService Fee
1 HRC @ 65.00/hr = 65.00
Mileage = 0

Total = 0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service


PROCESS RECEIPT AND RETURN

See *Instructions to Debtors and Creditors* for more information.

PLAINTIFF <u>Troy Vincent Lewald</u>	COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Charles Hensley</u>	TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Charles Hensley, PADOC SCI-PHX</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychie Dr., Collegeville, PA 19424</u>	
SERVE AT	Number of process to be served with this Form 255 <u>2</u>
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of parties to be served in this case <u>47</u>
<u>Troy Vincent Lewald / NS1262</u>	Check for service on U.S.A.
<u>1200 Mokychie Dr.</u>	
<u>Collegeville, PA 19424</u>	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTICE@PA.GOV


Signature of Attorney, other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

Signature of Authorized USMS Deputy or Clerk	Date
Signature of Authorized USMS Deputy or Clerk	Date

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below):

Name and title of individual served (if not shown above) <u>Gina Orlando Superintendents Assistant</u>	Date <u>4/7/23</u>	Time <u>11:39</u>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) <u>SCI Phoenix</u>	Signature of U.S. Marshal or Deputy 		

Costs shown on attached USMS Case Sheet >>

REMARKS

Process accepted via Electronic Service
on Behalf of Charles HensleyService Fee
1 HR X \$65.00/hr = \$65.00
Mileage = 0United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

Total = 0 JFF

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See *United States Marshal's Service*

PLAINTIFF Troy Vincent Heward	COURT CASE NUMBER 22-CV-04625
DEFENDANT Lisa Durant	TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Lisa Durant, PADOC SCI-PHX	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1200 Mokychie Dr., Collegeville, PA 19426	
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Heward / NS1262 1200 Mokychie Dr. Collegeville, PA 19426	
Number of process to be served with this Form 235 2	
Number of parties to be served in this case 47	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTICE@PA.GOV


Signature of Attorney, other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

Take and file receipt for the total number of process indicated Sign only for USM 235 if none Process USM 235 is submitted	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk	Date
--	---------------	--------------------------	-------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or the one on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Simia Orlando Superintendents Assistant	Date 4/7/23	Time 11:39	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different than shown above) SCI Phoenix	Signature of U.S. Marshal or Deputy 		

Certs shown on *United States Marshal's Service*

REMARKS
**Process accepted via Electronic Service
on Behalf of Lisa Durant**

Service Fee:
 $1 \text{ Hr} \times \$65.00/\text{hr} = \65.00
Mileage = 0

Total = 0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *Form 235, U.S. Marshals Service*

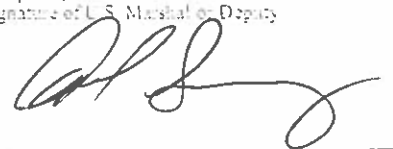
PLAINTIFF Troy Vincent Lewald	COURT CASE NUMBER 22-CV-04625
DEFENDANT Melissa Delliponti	TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Melissa Delliponti, PADOC SCI-PHX	
ADDRESS (Street or P.O. Apartment No., City, State and ZIP Code) 1200 Mokychic Dr., Collegeville, PA 19426	
SERVE AT	Number of process to be served with this Form 235 2 Number of parties to be served in this case 47 Check for service on U.S.A.
DO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 1200 Mokychic Dr. Collegeville, PA 19426	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTIC@PA.GOV

Signature of Attorney, other Originator requesting service on behalf of 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
---	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated Sign only for USM 235 if more than one USM 235 is submitted.	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that <input type="checkbox"/> I have personally served, <input checked="" type="checkbox"/> I have legal evidence of service, <input type="checkbox"/> I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)					
Name and title of individual served (if not shown above) Sara Orlando Superintendent's Assistant				Date 4/7/23	Time 11:39
Address (complete only; different from shown above) SCI Phoenix				Signature of U.S. Marshal or Deputy 	

Costs shown on *Form 235, U.S. Marshals Service*

REMARKS

Process accepted via Electronic Service
on Behalf of Melissa Delliponti

Service Fee
1 HR / 65.00/hr = 65.00
Mileage = 0

Total = 0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service


PROCESS RECEIPT AND RETURN

See Instructions on back of Form USM-235

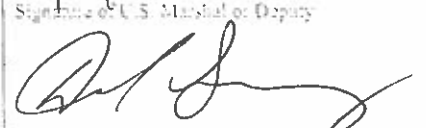
PLAINTIFF <u>Troy Vincent Lenz</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Regina Curby</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Regina Curby, PADOC SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lenz 1 NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

RA-CRLITIGATIONNOTICE@PA.GOV

Alt Address: 1920 Technology Parkway, Mechanicsburg, PA 17050

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. Sign only for USM 235 if more than one USM 235 is submitted.	Total Process <u>2</u>	District of Origin <u>No</u>	District to Serve <u>No</u>	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify on oath that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the on the individual, company, corporation, etc., shown in the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)					
Name and title of individual served (if not shown above) <u>Trina Orlando Superintendents Assistant</u>				Date <u>4/7/23</u>	Time <u>11:39</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different than shown above) <u>SCI Phoenix</u>				Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Case Sheet >>

REMARKS
Process accepted via Electronic Service on Behalf of Regina Curby

United States Marshals Service
RECEIVED
MAR 16 2023
Eastern District of Pennsylvania

Service Fee
1 HR x \$65.00/hr = \$65.00
Mileage = 0

Total = 0 JFP

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions on the back of this form for more information.

PLAINTIFF <u>Troy Vincent Lennard</u>		COURT CASE NUMBER <u>22-CR-04625</u>
DEFENDANT <u>Kelly Sheeran</u>		TYPE OF PROCESS <u>Summons / Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Kelly Sheeran, PADOC SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lennard / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include: Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA CRLITIGATIONNOTICE@PA.GOV</u>		

Alt Address: 1920 Technology Parkway, Mechanicsburg, PA 17050

Signature of Attorney, other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02/21/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated: <u>2</u> <small>(Sign only for USM 235 if received on one USM 235 is submitted)</small>	Total Process <u>2</u>	District of Origin <u>No</u>	District to Serve <u>No</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>4/7/23</u>	Time <u>11:39</u>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.							
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below):							
Name and title of individual served (if not shown above) <u>Simon Orlando Superintendents Assistant</u>				Signature of U.S. Marshal or Deputy <u>[Signature]</u>			
Address (complete only, different from shown above) <u>SCI Phoenix</u>							

Costs shown on attached USMS Case Sheet >>

REMARKS

Process accepted via Electronic Service
on Behalf of Kelly SheeranUnited States Marshals Service
RECEIVED

MAR 16 2023

Service Fee

1 HRC x \$65.00/hr = \$65.00

Mileage = 0

Total = 0 JFP

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See <https://www.uscourts.gov/dockets/electronic-service> for more information.

PLAINTIFF <u>Troy Vincent Hewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Susan Nardella</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Susan Nardella, PADOX SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Hewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>		

Alt Address: 1920 Technology Parkway, Mechanicsburg, PA 17050

Signature of Attorney or other Originator requesting service on behalf of:


☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02/21/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

acknowledge receipt for the total number of process indicated (sign only for USM 235 if service on U.S.M. 235 is submitted)	Total Process <u>2</u>	District of Origin <u>No</u>	District to Serve <u>No</u>	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the on the individual, company, corporation, etc. shown at the address inserted below.					
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below.)					
Name and title of individual served (if not shown above) <u>Gina Orlando Superintendents Assistant</u> <u>SLT Phoenix</u>				Date <u>4/7/23</u>	Time <u>11:39</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different than shown above)				Signature of U.S. Marshal or Deputy 	

Costs shown on (USM 235/USM 235-1/USM 235-2)

REMARKS
Process accepted via Electronic Service
on Behalf of Susan Nardella

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

Service Fee
1 HR x 65.00/hr = 65.00
Mileage = 0

Total = 0 IFP

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *Instructions to U.S. Marshals*

PLAINTIFF <u>Troy Vincent Kewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Brian Kline</u>		TYPE OF PROCESS <u>Summons / Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Brian Kline, PADOL SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Molychic Dr., Collegeville, PA 19426</u>		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Kewald / MS1262</u> <u>1200 Molychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 255 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service)		

RA-LRLITIGATIONNOTICE@PA.GOV

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
Signature of U.S. Marshal or Deputy	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk
		No	No	
I hereby certify and return that: <input type="checkbox"/> I have personally served, <input checked="" type="checkbox"/> I have legal evidence of service, <input type="checkbox"/> I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., or the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)				
Name and title of individual served (if not shown above) <u>Simon Orlando Superintendents Assistant</u>	Date <u>4/7/23</u>	Time <u>11:39</u>	<input checked="" type="checkbox"/> apt <input type="checkbox"/> per	
Address (complete only if different than shown above) <u>SCI Phoenix</u>	Signature of U.S. Marshal or Deputy 			
Costs shown on official USMS Case Sheet >>>				

REMARKS
Process accepted via Electronic Service
on Behalf of Brian KlineUnited States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania



Service Fee
1 HR x \$65.00/hr = \$65.00
Mileage = 0

Total = 0 IFP

PROCESS RECEIPT AND RETURN

U.S. Department of Justice
United States Marshals ServiceSee *Index*, *United States Marshals Service*

PLAINTIFF <u>Troy Vincent Lewald</u>	COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Jason Stimmel</u>	TYPE OF PROCESS <u>Summons/ Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Jason Stimmel, PADOC SCI-PHX</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>	
SERVE AT	END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW
Number of process to be served with this Form 255 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>	

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated: <u>2</u> <i>(Sign only for USM 255 if more than one USM 255 is submitted.)</i>	Total Process <u>2</u>	District of Origin <u>No</u>	District to Serve <u>No</u>
I hereby certify and return that I <input type="checkbox"/> have personally served <input checked="" type="checkbox"/> have legal evidence of service. <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., or the address shown above on the individual, company, corporation, etc., shown at the address inserted below.		Signature of Authorized USMS Deputy or Clerk	
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)		Date <u>4/7/23</u>	
Name and title of individual served (if not shown above) <u>Gina Orlando Superintendents Assistant</u>		Time <u>11:39</u>	
Address (complete only; different than shown above) <u>SCI Phoenix</u>		Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Case Sheet >>>

REMARKS
Process accepted via Electronic Service on Behalf of Jason StimmelUnited States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

Service Fee
 $1 \text{ HR} \times 65.00/\text{hr} = 65.00$

Mileage = 0

Total = 0 IFP


PROCESS RECEIPT AND RETURN

See *United States Marshal's Service*U. S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Lewald</u>	COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Kim Waidelech</u>	TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Kim Waidelech, PADOL SCI-PHX</u>	
ADDRESS (Street or P.O. Box, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>	
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>	
Number of process to be served with this Form 235 <u>2</u>	
Number of parties to be served in this case <u>47</u>	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTICE@PA.GOV

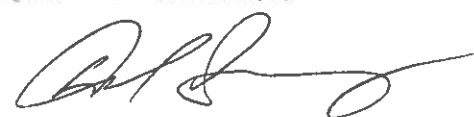
Signature of Attorney, other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

Knowledge receipt for the total number of process indicated (Sign only for USM 235 if more than one USM 235 is submitted)	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	--------------------------	-------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the District of Origin, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <u>Erin Orlando Superintendent Assistant</u>	Date <u>4/7/23</u>	Time <u>11:39</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different than shown above) <u>SCI Phoenix</u>	Signature of U.S. Marshal or Deputy 	

Costs shown on *USM 235 (USM 235)*REMARKS
Process accepted via Electronic Service on Behalf of Kim WaidelechService Fee
1 HR x 65.00/hr = 65.00

Mileage = 0

Total 0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023




Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions on Back of Form USM-235

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Monique Savage</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Monique Savage, PADOC SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NSD62</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>PA-CRLITIGATIONNOTICE@PA.GOV</u>		

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated: <u>2</u> Sign only for USM 235 if more than one USM 235 is submitted.	Total Process <u>2</u>	District of Origin <u>No</u>	District to Serve <u>No</u>	Signature of Authorized USMS Deputy or Clerk 
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> the legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on this individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc. shown at the address inserted below. <input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above) <u>Gina Orlando - Superintendent's Assistant</u>			Date <u>4/7/23</u>	Time <u>11:39</u>
Address (complete only, different than shown above) <u>SCI Phoenix</u>			Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Case Sheet

REMARKS

Process accepted via Electronic Service
on Behalf of Monique Savage

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

Service Fee

$$1 \text{ HZ} \times 65.00 / \text{hr} = 65.00$$

$$\text{Mileage} = 0$$

$$\text{Total } \$ 0 \text{ IFP}$$

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions on Reverse Side of Form 235

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Britney Huner</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Britney Huner, PADC SCI-PAX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegerille, PA 19426</u>		
IND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegerille, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include: Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>		

Signature of Attorney, other Originator requesting service on behalf of <u>[Signature]</u>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <u>1</u> <small>(Sign only for USM 235 if none, indicate USM 235 is submitted.)</small>	Total Process <u>1</u>	District of Origin <u>No</u>	District to Serve <u>No</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above. (See remarks below.)				
Name and title of individual served (if none shown above) <u>Gina Orlando - Superintendents Assistant</u>			Date <u>4/7/23</u>	Time <u>11:39</u>
Address (complete only; different from shown above) <u>SCI Phoenix</u>			Signature of U.S. Marshal or Deputy <u>[Signature]</u>	
Costs shown on <u>attached USMS Cost Sheet</u>				

REMARKS

Process accepted via Electronic Service
on Behalf of Britney Huner

Service Fee
1 HR x \$65.00/hr = \$65.00
Mileage = 0

Total = \$0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023



Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *Instructions on back of Form USM-235*

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Mandy Biser-Sipple</u>		TYPE OF PROCESS <u>Summons/ Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Mandy Biser-Sipple, PADOC SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>		

Signature of Attorney or other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 235 if more than one USM 235 is submitted.)</i>	Total Process _____	District of Origin No. _____	District of Service No. _____	Signature of Authorized USMS Deputy or Clerk _____
I hereby certify and return that I <input type="checkbox"/> have personally served <input checked="" type="checkbox"/> have legal evidence of service. <input type="checkbox"/> have executed as shown in "Remarks", the process described on this individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served if not shown above <u>Sonia Orlando - Superintendents Assistant</u> <u>SCF Phoenix</u>		Date <u>4/7/23</u>	Time <u>11:39</u>	

Costs shown on *USM 235 (CV 235)*

REMARKS

Process accepted via Electronic Service
on Behalf of Mandy Biser-Sipple

Service Fee
1 HR x \$65.00/hr = \$65.00
Mileage = \$0

Total = \$0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

PROCESS RECEIPT AND RETURN

See Instructions on Reverse of Form 235

U.S. Department of Justice
United States Marshals Service

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Joseph Terra		TYPE OF PROCESS Summons / Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Joseph Terra, PADOC SCI-PHX		
ADDRESS (Street or P.O. Box, Apartment No., City, State and ZIP Code) 1200 Mokychic Dr, Collegeville, PA 19426		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NSID62 1200 Mokychic Dr Collegeville, PA 19426		Number of process to be served with this Form 235 2 Number of parties to be served in this case 47 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):


RA-CRLITIGATIONNOTIC@PA.GOV

Signature of Attorney or Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Use only for USM 235 if none, use one USM 235 as scheduled)	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk	Date
---	---------------	--------------------------	-------------------------	--	------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) Sina Orlando Superintendents Assistant SCI Phoenix	Date 4/7/23	Time 11:39	<input checked="" type="checkbox"/> Served <input type="checkbox"/> Not Served
Address (complete only, different from shown above)	Signature of U.S. Marshal or Deputy 		

Costs shown on (see Fed USMS Cost Sheet)

REMARKS

Process accepted via Electronic Service on Behalf of Joseph Terra

Service Fee
 $65.00/\text{hr} \times 1 \text{ HR} = 65.00$
 Mileage = 0

Total = \$ 0 IFP**United States Marshals Service
RECEIVED****MAR 16 2023****Eastern District of Pennsylvania**

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *28 U.S.C. § 531* and *28 U.S.C. § 532*

PLAINTIFF Troy Vincent Llewellyn		COURT CASE NUMBER 22-CR-04625
DEFENDANT "Employee" Grenon		TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN "Employee" Grenon, PADOC SCI-PHX		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1200 Mokychic Dr, Collegeville, PA 19426		
SERVE AT	END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
Troy Vincent Llewellyn / NS12002		Number of process to be served with this Form 255 2
200 Mokychic Dr.		Number of parties to be served in this case 47
Collegeville, PA 19426		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses.
* Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney/other Originator requesting service on behalf of 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

acknowledge receipt for the total number of process indicated. Page only for USM 255 if more than one USM 255 is submitted.	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk	Date
--	---------------	---------------------------	--------------------------	--	------

I hereby certify and return that ☐ I have personally served, ☒ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)

Name and title of individual served (if not shown above) Gina Orlando Superintendents Assistant	Date 4/7/23	Time 11:39	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above) SCI Phoenix	Signature of U.S. Marshal or Deputy 		

Costs shown on attached USMS Cost Sheet >>>

REMARKS

Process accepted via Electronic Service
on Behalf of GrenonService Fee
 $1.412 \times \$65.00/\text{hr} = \65.00
Mileage = 0

Total = 0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service* for instructions.

PLAINTIFF <u>Troy Vincent Kewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Robert Choate</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Robert Choate, PADOC SCI-PAX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Kewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>		

Signature of Attorney or other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated above only for USM 235 if none are one USM 235 is submitted.	Total Process	District of Origin No <u> </u>	District to Serve No <u> </u>	Signature of Authorized USMS Deputy or Clerk
Date				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)				
Name and title of individual served (if not shown above) <u>Gina Orlando - Superintendent's Assistant</u>			Date <u>4/7/23</u>	Time <u>11:39</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only; different than shown above) <u>SCI Phoenix</u>			Signature of U.S. Marshal or Deputy 	

Costs shown on *United States Marshals Service*

REMARKS

Process accepted via Electronic Service
on Behalf of Robert Choate

Service Fee

$$1 \text{ HR} \times \$65.00/\text{hr} = \$65.00$$

$$\text{Mileage} = 0$$

$$\text{Total} = 0 \text{ IFP}$$

United States Marshals Service
RECEIVED

MAR 16 2023

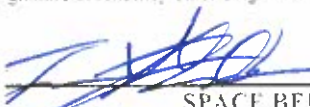
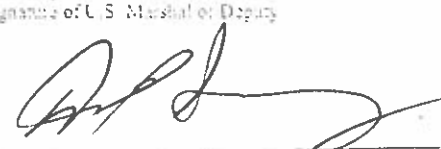
Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshal's Service* L.S. Manual

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Shanda Deshield</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Shanda Deshield, PADOA SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
SERVE AT		Number of process to be served with this Form 255 <u>2</u>
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of parties to be served in this case <u>47</u>
		Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.60V</u>		

Signature of Attorney or Originator requesting service on behalf of 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
acknowledge receipt for the total number of process indicated <small>(Sign only for USM 255 if more than one USM 255 is submitted.)</small>	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk
Date				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)				
Name and title of individual served (if not shown above) <u>Gina Orlando Superintendents Assistant</u>			Date <u>4/7/23</u>	Time <u>11:39</u>
Address (complete only, different from shown above) <u>SCI Phoenix</u>			Signature of U.S. Marshal or Deputy 	
Costs shown on (see back of USM Case Sheet)				

REMARKS

Process accepted via Electronic Service
On Behalf of Shanda Deshield

Service Fee
1 HR x 65.00/hr = 65.00
Mileage = 0

United States Marshals Service
RECEIVED
MAR 16 2023
Eastern District of Pennsylvania

Total = 0 IFP

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service*

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Leandra Strenkoski		TYPE OF PROCESS Summons/ Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Leandra Strenkoski, PADOC SCI-PHX	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1200 Mokychic Dr., Collegeville, PA 19426	
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 200 Mokychic Dr. Collegeville, PA 19426		Number of process to be served with this Form 235 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service)		

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney, other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 235 if received as one USM 235 is submitted)</i>	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk Date
I hereby certify and return that I <input type="checkbox"/> have personally served <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on this Affidavit, company, corporation, etc., at the address shown above on this on the individual, company, corporation, etc., shown at the address inserted below.				
I I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served (if not shown above) Gina Orlando Superintendent's Assistant		Date 4/7/23	Time 11:39	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different than shown above) SCI Phoenix		Signature of U.S. Marshal or Deputy 		

Costs shown on attached USMS Case Sheet

REMARKS
Process accepted via Electronic Service on Behalf of Leandra Strenkoski

Service Fee

1 HR x \$65.00/hr = \$65.00

Mileage = 0

Total = 0 FFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania


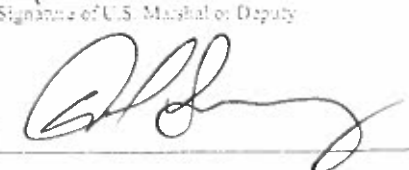
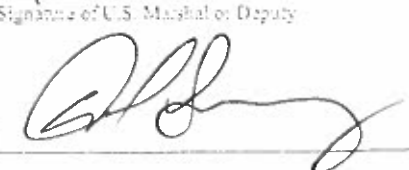
PROCESS RECEIPT AND RETURN

See Instructions on back of Form USM-235

U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Heward</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Anthony Matteo</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Anthony Matteo, PADOC SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychie Dr., Collegeville, PA 19426</u>		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Heward / NS1262</u> <u>1200 Mokychie Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

RA-CRITIGATIONNOTICE@PA.GOV

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated: <u>2</u> <small>(page only for USM 235 if more than one USM 235 is submitted)</small>	Total Process <u>2</u>	District of Origin <u>No</u>	District to Serve <u>No</u>	Signature of Authorized USMS Deputy or Clerk 
I hereby certify and return that <input type="checkbox"/> I have personally served, <input checked="" type="checkbox"/> I have legal evidence of service, <input type="checkbox"/> I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)				
Name and title of individual served (if not shown above) <u>Gina Orlando Superintendents Assistant</u>		Date <u>4/7/23</u>	Time <u>11:39</u>	<input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different than shown above) <u>SCI Phoenix</u>		Signature of U.S. Marshal or Deputy 		

Costs shown on attached USMS Cost Sheet >>

REMARKS

Process accepted via Electronic Service
on Behalf of Anthony Matteo

Service Fee

1 HPR x \$65.00/hr = \$65.00

Mileage = 0

Total = 0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service


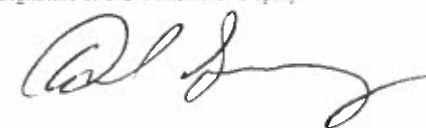
PROCESS RECEIPT AND RETURN

See <https://www.uscourts.gov/uscourt> for more information.

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Paul Noel</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Paul Noel, PADOC CO</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1920 Technology Parkway, Mechanicsburg, PA 17050</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 255 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney, other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated above only for USM 255 if more than one USM 255 is submitted	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk
I hereby certify and return that <input type="checkbox"/> I have personally served, <input checked="" type="checkbox"/> I have legal evidence of service, <input type="checkbox"/> I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served if not shown above <u>Stacy Sentez Legal office Administrator 2</u> <u>PA DOC - office of Chief Counsel</u>			Date <u>3/24/23</u>	Time <u>2:06</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy 				

Costs shown on attached USM Case Sheet >>

REMARKS

Process accepted via Electronic Service

Service Fee:

$$1 \text{ HR} \times \$65.00/\text{hr} = \$65.00$$

Mileage - 0

Total = \$0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

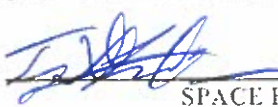
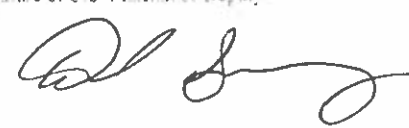
Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *Handbook for the Service of Process*, 28 U.S.C. § 531

PLAINTIFF Troy Vincent Lenz		COURT CASE NUMBER 22-CV-04625
DEFENDANT Trevor Wingard		TYPE OF PROCESS Summons / Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Trevor Wingard, PADOL CO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lenz / NS1262 1200 Mokychic Dr. Collegeville, PA 19424		Number of process to be served with this Form 255 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): PA - CRLITIGATIONNOTICE@PA.GOV		

Signature of Attorney, other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated: <i>(Sign only for USM 255 if more than one USM 255 is submitted)</i>	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk
I hereby certify and return that <input type="checkbox"/> I have personally served <input checked="" type="checkbox"/> I have legal evidence of service <input type="checkbox"/> I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.				
I I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above) Stacy Sente Legal Office Administrator 2 PA DOC - office of Chief Counsel			Date 3/24/23	Time 2:06 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only if different from that shown above)			Signature of U.S. Marshal or Deputy 	

Costs shown on attached USM Case Sheet >>

REMARKS

Process accepted via Electronic Service

Service Fee
1 HR x \$65.00/hr = \$65.00
Mileage - 0

Total = \$0 JFP

United States Marshals Service
RECEIVED

MAR 16 2023

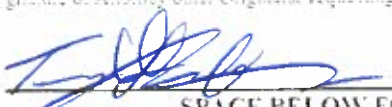
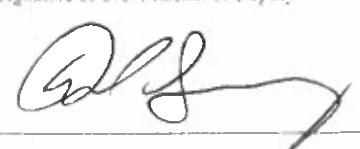
Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service*

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Darina Varner		TYPE OF PROCESS Summons / Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Darina Varner, PA DOC CO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
ND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 1200 Motychic Dr. Collegedale, PA 19426		Number of process to be served with this Form 285 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): RA-CRLITIGATIONNOTICE@PA.GOV		

Signature of Attorney, other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No	District to Serve No	Signature of Authorized USMS Deputy or Clerk Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.				
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)				
Name and title of individual served (if not shown above) Tracy Sentez Legal Office Administrator 2 PA DOC - office of Chief Counsel			Date 3/21/23	Time 2:06 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (if complete only, different than shown above)			Signature of U.S. Marshal or Deputy 	

Costs shown on *United States Marshals Service*REMARKS
Process accepted via Electronic Service

Service Fee
 $1 \text{ HR} \times \$65.00/\text{hr} = \65.00
 Mileage = 0
 Total = 0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *Manual, United States Marshals Service*

PLAINTIFF

Troy Vincent Lewald

COURT CASE NUMBER

22-CV-04625

DEFENDANT

George M. Little

TYPE OF PROCESS

Summons/Complaint

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

George M. Little, PADOC CO

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

1920 Technology Park way, Mechanicsburg, PA 17050

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Troy Vincent Lewald / NS1262

200 Mokychic Dr.

Allentown, PA 19426

Number of process to be served with this Form 255

2

Number of parties to be served in this case

47

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses)

* Telephone Numbers, and Estimated Times Available for Service:

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

02/21/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. Sign only for USM 255 if more than one USM 255 is submitted.

Total Process

District of Origin

District to Serve

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)

Name and title of individual served (if not shown above)

Stacy Sontz Legal office Administrator 2

PA DOC - office of Chief Counsel

Date

3/24/23

Time

2:06

☐ am☒ pm

Signature of U.S. Marshal or Deputy

Costs shown on *United States Marshals Service*

REMARKS

Process accepted via Electronic Service

Service Fee

1 HR x 65.00/hr = 65.00

Mileage = 0

Total = 0 EFP

United States Marshals Service
RECEIVED

MAR 16 2023



Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service* for more information.

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Keri Moore		TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Keri Moore, PADOC CO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 1200 Mokychic Dr. Collegeville, PA 19426		Number of process to be served with this Form 255 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): BA-CRLITIGATIONNOTICE@PA.GOV		

Signature of Attorney or other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <small>(Sign only for USM 255 if more than one USM 255 is submitted.)</small>	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above) Stacy Sentez Legal office Administrator 2		Date 3/21/23	Time 2:06	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (if complete only, different than shown above) PA DOC - office of Chief Counsel		Signature of U.S. Marshal or Deputy 		

Costs shown on attached USMS Cost Sheet >>

REMARKS
Process accepted via Electronic ServiceUnited States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

Service Fee

$$1 \text{ HR} \times \$65.00/\text{hr} = \$65.00$$

$$\text{Mileage} = \underline{0}$$

$$\text{Total} = \$0 \text{ IFP}$$

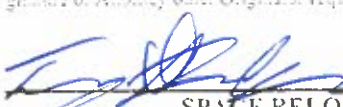

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshal's Service Manual*

PLAINTIFF Troy Vincent Lennard		COURT CASE NUMBER 22-CV-04625
DEFENDANT John Silva		TYPE OF PROCESS Summons / Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN John Silva, PADOC CO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lennard / NS1262 1200 Mokychic Dr. Collegierille, PA 19426		Number of process to be served with this Form 255 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service)		

RA-CRLITIGATIONNOTIC @ PA.GOV

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated. (Sign only for USM 255 if more than one USM 255 is submitted.)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)				
Name and title of individual served (if not shown above) Tracy Sentz Legal office Administrator 2		Date 3/21/23	Time 2:06	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only, different than shown above) PA DOC - office of Chief Counsel		Signature of U.S. Marshal or Deputy 		
Costs shown on <i>United States Marshal's Service Manual</i>				

REMARKS

Process accepted via Electronic Service

Service Fee
 $1 \text{ HR} \times \$65.00/\text{hr} = \65.00
 Mileage = $\frac{0}{1}$
 Total $\$0$ IFP

**United States Marshals Service
RECEIVED****MAR 1 6 2023****Eastern District of Pennsylvania**

U.S. Department of Justice
United States Marshals Service



PROCESS RECEIPT AND RETURN

See Instructions on Back of Form USM-235

PLAINTIFF Troy Vincent Lewald	COURT CASE NUMBER 22-CV-04625
DEFENDANT Pennsylvania Department of Corrections	TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Pennsylvania Department of Corrections CO	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050	
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 200 Mokychic Dr. Collegeville, PA 19426	
Number of process to be served with this Form 235 2	
Number of parties to be served in this case 47	
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers and Estimated Times Available for Service):

RA-CRLITIGATIONNOTIC@PA.GOV

Signature of Attorney, other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated <small>(Sign only for USM 235 if more than one USM 235 is submitted)</small>	Total Process	District of Origin No.	District to Serve No.
Signature of Authorized USMS Deputy or Clerk		Date	
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.			
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)			
Name and title of individual served (if not shown above) Stacy Sentez Legal office Administrator 2		Date 3/21/23	Time 2:06 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only, different than shown above) PA DOC - Office of Chief Counsel		Signature of U.S. Marshal or Deputy 	
Costs shown on attached USMS Case Sheet >>>			

REMARKS
Process accepted via Electronic Service

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

Service Fee
1 HIC x 65.00/hr = 65.00
Mileage = 0

Total 0
IFP

Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *Process and Return Notice* for instructions.

PLAINTIFF		COURT CASE NUMBER	
Troy Vincent Lennard		22-CV-04625	
DEFENDANT		TYPE OF PROCESS	
Tammy Ferguson		Summons/Complaint	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
SERVE AT { Tammy Ferguson, PADOC CO			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
1920 Technology Parkway, Mechanicsburg, PA 17050			
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 235	
Troy Vincent Lennard / NS1263		2	
1200 Mokychic Dr.		Number of parties to be served in this case	
Collegeville, PA 19426		47	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):			

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	DATE
					02/21/2022
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
I acknowledge receipt for the total number of process indicated (sign only for USM 235 if more than one USM 235 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on this district, company, corporation, etc., at the address shown above or the on the individual, company, corporation, etc., shown at the address inserted below.					
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time
Stacy Lentz Legal office Administrator 2				3/24/23	2:06
Address (to complete only different from shown above)				Signature of U.S. Marshal or Deputy	<input type="checkbox"/> and <input checked="" type="checkbox"/>
PA DOC - office of chief counsel					
Costs shown on <i>UNITED STATES MARSHALS SERVICE</i> >>>					

REMARKS
Process accepted via electronic service

Service Fee

1 HR x 65.00/hr = 65.00

Mileage = 0

Total = 0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

See 1944. 1945. 1946. 1947. 1948. 1949. 1950.

Form USM-235
Rev. 03/21

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See <https://www.uscourts.gov/uscourt> for more information.

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Tiffany Wills		TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Tiffany Wills, PADOL SCI-ALB		
ADDRESS (Street or P.O. Box, Apartment No., City, State and ZIP Code) 10745 Route 18, Albion, PA 16475		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 1200 Molyckie Dr. Collegierille, PA 19426		Number of process to be served with this Form 255 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney/other Originator requesting service on behalf of 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated (Page only for U.S.M. 255 if more than one U.S.M. 255 is submitted)	Total Process	District of Origin No.	District to Serve No.	Signature of Authorized USMS Deputy or Clerk
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or the on the individual, company, corporation, etc., shown at the address inserted below.				
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served (if not shown above) Michele Tharp - Superintendent Assistant SCI Albion		Date 3/20/23	Time 2:28	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only if different than shown above)		Signature of U.S. Marshal or Deputy 		

Costs shown on attached USMS Case Sheet >>

REMARKS

Process accepted via Electronic Service

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

Service Fee
1 HR X 65.00/hr = 65.00

Mileage = 0

Total \$ 0 IFA

PROCESS RECEIPT AND RETURN

See <https://www.uscourts.gov/uscourt> for more information.U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Hewald</u>		COURT CASE NUMBER <u>22-CR-04625</u>
DEFENDANT <u>"Employee" Ninan</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>"Employee" Ninan, PADOC CO</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1920 Technology Parkway, Mechanicsburg, PA 17050</u>		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Hewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 255 <u>2</u>
		Number of parties to be served in this case <u>47</u>
		Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney/other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated (Sign only for USM 255 if more than one USM 255 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk
Date				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.				
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served (if applicable above)		Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different from shown above)		Signature of U.S. Marshal or Deputy		
Costs shown on attached PMS Cost Sheet >>				

REMARKS

Individual doesn't work at
1920 Technology Pky Mechanicsburg PA

Plaintiff
Must provide correct
address

As well as First name

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service*

PLAINTIFF Troy Vincent Lemaire		COURT CASE NUMBER 22-CV-04625
DEFENDANT Robert Poli		TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Robert Poli, PADOX CO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		
Troy Vincent Lemaire/NS1262 1200 Mokylich Dr. Collegedale, PA 19424		Number of process to be served with this Form 235 2
		Number of parties to be served in this case 47
		Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney, other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <small>(Sign only for U.S.M. 235 if more than one U.S.M. 235 is submitted)</small>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk
Date				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. or the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.				
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below.)				
Name and title of individual served (if not shown above)			Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different from shown above)			Signature of U.S. Marshal or Deputy	

Costs shown on *United States Marshals Service*

REMARKS

Individual doesn't work at
1920 Technology Pky Mechanicsburg PA
Plaintiff
Must provide correct address

United States Marshals Service
RECEIVED

MAR 16 2023


Eastern District of Pennsylvania

PROCESS RECEIPT AND RETURN

See *Form 235, U.S. Marshal's Service*U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Jaime Sorber</u>		TYPE OF PROCESS <u>Summons / Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Jaime Sorber, PADOC CO</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1920 Technology Parkway, Mechanicsburg, PA 17050</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegedale, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

RA-CRLITIGATIONNOTIC@PA.GOV

Signature of Attorney or other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 235 if more than one USM 235 is submitted)</i>	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____
Date _____				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.				
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (See remarks below.)				
Name and title of individual served (if not shown above)			Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different from shown above)			Signature of U.S. Marshal or Deputy	
Costs shown on <i>USM 235</i> Case Sheet >>				

REMARKS

Individual doesn't work at
1920 Technology Pky Mechanicsburg PAUnited States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service Manual*

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Dennis Cotton		TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dennis Cotton, PADOC CO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 1200 Mokychic Dr. Collegeville, PA 19426		Number of process to be served with this Form 255 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service)		

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney or Originator requesting service on behalf of 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the (individual, company, corporation, etc.) at the address shown above on the (individual, company, corporation, etc.) shown at the address inserted below.	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk
<i>(Page only for USM 255 if more than one USM 255 is submitted)</i>	No	No	No	Date
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above)		Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only, different from shown above)		Signature of U.S. Marshal or Deputy		

Costs shown on attached USMS Case Sheet >>>

REMARKS

Individual doesn't work at
1920 Technology Pky Mechanicsburg PA
Plaintiff
Must provide correct address

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service*

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Teri Reid</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Teri Reid, PADOC CO</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1920 Technology Parkway, Mechanicsburg, PA 17050</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Molybdenum Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTIC

Signature of Attorney or Originator requesting service on behalf of <u>[Signature]</u>		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 235 if process is not USM 235 is submitted)</i>	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.				
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served (if not shown above)			Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only; different than shown above)			Signature of U.S. Marshal or Deputy _____	

Certs shown on *(USM 235/USM 235-1)*

REMARKS

Individual doesn't work at
1920 Technology Pky Mechanicsburg, PA.
Plaintiff
Must provide correct address

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See <https://www.uscourts.gov/uscourt> for more information.

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Paul Ennis		TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Paul Ennis, PADOX CO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 1200 Mokychic Dr. Collegedale, PA 19424		Number of process to be served with this Form 235 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include: Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 235 if more than one USM 235 is submitted.)</i>	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk
	No	No	No	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on this on the individual, company, corporation, etc., shown at the address inserted below.				
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)				
Name and title of individual served (if not shown above)		Date	Time	<input type="checkbox"/> am. <input type="checkbox"/> pm.
Address (complete only, different from shown above)		Signature of U.S. Marshal or Deputy		
Costs shown on attached USMS Court Sheet >>				

REMARKS

Individual doesn't work at
1920 Technology Pky Mechanicsburg PA
Plaintiff Must provide
Correct address

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania


U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service, 2019 WL 1111111*

PLAINTIFF		COURT CASE NUMBER	
Troy Vincent Lennard		22-CV-04625	
DEFENDANT		TYPE OF PROCESS	
Robert Terra		Summons / Complaint	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
Robert Terra, PADOX CO			
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
1920 Technology Parkway, Mechanicsburg, PA 17050			
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 235	
Troy Vincent Lennard / NS1262		2	
1200 Mofychic Dr.		Number of parties to be served in this case	
Collegeville, PA 19426		47	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service)			

RA-CRLITIGATIONNOTICE@PA.GOV

Signature of Attorney or other Originator requesting service on behalf of:		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT		TELEPHONE NUMBER	DATE
					02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE					
Signature of U.S. Marshal or Deputy	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.					
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)					
Name and title of individual served if not shown above				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only, different from shown above)				Signature of U.S. Marshal or Deputy	
Costs shown on <i>United States Marshals Service</i>					

REMARKS

Robert Terra is Deceased

No Further endeavor

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service


PROCESS RECEIPT AND RETURN

See *Form 235, United States Marshals Service*

PLAINTIFF Troy Vincent Lewald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Jane Rieger		TYPE OF PROCESS Summons/ Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Jane Rieger, PADOC CO		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lewald / NS1262 1200 Mokychic Dr. Collegierilly, PA 19426		Number of process to be served with this Form 235 2 Number of parties to be served in this case 47 Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include: Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

RA-CRLITIGATIONNOTICE@PA.60V

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated here only for USM 235 if more than one USM 235 is submitted	Total Process	Director of Origin	Director to Serve	Signature of Authorized USMS Deputy or Clerk
	No.	No.	No.	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.				
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)				
Name and title of individual served (if not shown above)			Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only, different than shown above)			Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet

REMARKS

Individual doesn't work at 1920 Tech. Pky Mechanicsburg PA
Plaintiff must provide correct address

United States Marshals Service
RECEIVED

MAR 16 2023

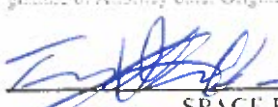
Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Form 235, U.S. Marshals Service, for instructions.

PLAINTIFF Troy Vincent Lenzald		COURT CASE NUMBER 22-CV-04625
DEFENDANT Melinda Adams		TYPE OF PROCESS Summons/ Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Melinda Adams, PADOL Co		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1920 Technology Parkway, Mechanicsburg, PA 17050		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lenzald / NS1262 1200 Mokychic Dr. Collegeville, PA 19426		Number of process to be served with this Form 235 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): RA-CRLITIGATIONNOTICE@PA.GOV		

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated above only for USM 235 if none, not one USM 235 is submitted	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk
Date				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown in the address inserted below.				
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See Remarks below)				
Name and title of individual served if not shown above		Date	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)		Signature of U.S. Marshal or Deputy		
Costs shown on USM 235 only				

REMARKS

Individual doesn't work at
1920 Technology Parkway, Mechanicsburg PA
Plaintiff
Must provide correct address

United States Marshals Service
RECEIVED

MAR 16 2023


Eastern District of Pennsylvania

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See *United States Marshals Service* for more information

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Lisa Baird</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Lisa Baird, PADDC CO</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1920 Technology Parkway, Mechanicsburg, PA</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Molybdenum Dr.</u> <u>Collegedale, PA 19424</u>		Number of process to be served with this Form 255 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.60V</u>		

Signature of Attorney or other Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
acknowledge receipt for the total number of process indicated <i>Type only for USM 255 if more than one USM 255 is submitted.</i>	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk
Date				
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or the individual, company, corporation, etc., shown at the address inserted below.				
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above. (See Remarks below.)				
Name and title of individual served (if not shown above)			Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only, different than shown above)			Signature of U.S. Marshal or Deputy	

Costs shown on *United States Marshals Service* >>>

REMARKS

Lisa Baird is a contracted employee that doesn't work at 1920 Technology Parkway Mechanicsburg PA

Plaintiff must provide correct address

Process will need to be accepted by The

representative for the agency she is contracted through

United States Marshals Service
RECEIVED


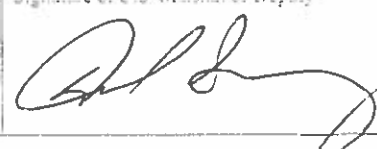
MAR 16 2023

Eastern District of Pennsylvania

PROCESS RECEIPT AND RETURN

See *United States Marshal, Eastern District of Pennsylvania*U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Kip Hallman</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Kip Hallman, Wellpath Holdings LLC</u>		
ADDRESS (Street or P.O. Apartment No., City, State and ZIP Code) <u>3340 Perimeter Dr., Nashville, TN 37211</u>		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Mofychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 285 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney or Originator requesting service on behalf of: 		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/20/2023</u>
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE				
I acknowledge receipt for the total number of process indicated <small>(Sign only for USM 285 if more than one USM 285 is submitted)</small>	Total Process	District of Origin No <u> </u>	District to Serve No <u> </u>	Signature of Authorized USMS Deputy or Clerk
I hereby certify and remain that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.				
I hereby certify and remain that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)				
Name and title of individual served (if execution above)		Date	Time	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
<u>Lawndra Robinson - Claims Pro SE adjuster, PMP</u>		<u>3/21/23</u>	<u>3:35</u>	
Address (complete only different than shown above) <u>Wellpath</u> <u>3340 Perimeter Hill Dr</u> <u>Nashville, TN 37211</u>		Signature of U.S. Marshal or Deputy 		

Costs shown on *USM 285 Case Sheet* >>REMARKS
Process accepted via Electronic ServiceUnited States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

Service Fee:

1 HR x \$65.00/hr = 65.00

Mileage = \$0

Total ~~65.00~~ 0 IEP

PROCESS RECEIPT AND RETURN

See *Form 235, U.S. Marshals Service*U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Hewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Wellpath Holdings LLC</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Wellpath Holdings LLC</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>3340 Perimeter Dr., Nashville, TN 37211</u>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Hewald / NS1262</u> <u>200 Mokychic Dr.</u> <u>Collegesville, PA 19429</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney, other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated <i>(Sign only for USM 235 if more than one USM 235 is submitted)</i>	Total Process	District of Origin No. <u> </u>	District to Serve No. <u> </u>	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) <u>Laundra Robinson - Claims Process adjuster, PMP</u>				Date <u>3/21/23</u>	Time <u>3:35</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only if different than shown above) <u>3340 Perimeter Hill Dr.</u> <u>Nashville, TN 37211</u>				Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Cost Sheet >>>

REMARKS

Process accepted via Electronic Service

Service Fee
 $1 \text{ HR} \times \$65.00/\text{hr} = \65.00
 Mileage = \$0

Total = \$0 IFP

United States Marshals Service
RECEIVED

MAR 1 2023

Eastern District of Pennsylvania

PROCESS RECEIPT AND RETURN

See *United States Marshal's Service, U.S. Marshal's*U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Hewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Anthony Litizio</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Anthony Litizio, PADOC SCI-PHX % Wellpath Holdings LLC</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychie Dr, Collegeville, PA 19426</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Hewald / NS1262</u> <u>1200 Mokychie Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICEPA.GOV</u>		

ALT Address: Wellpath Holdings LLC, 3340 Perimeter Hill Dr., Nashville, TN 37211

Signature of Attorney or other Originator requesting service on behalf of:


☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02/21/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated <i>(Page only for USM 235 if more than one USM 235 is submitted)</i>	Total Process	District of Origin No	District of Service No	Signature of Authorized USMS Deputy or Clerk	Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the attached company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.					
I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)					
Name and title of individual served (if not shown above) <u>Aundra Robinson - Claims Pro SE Adjuster, PMP</u> <u>3340 Perimeter Hill Dr</u> <u>Nashville, TN 37211</u>				Date <u>3/2/23</u>	Time <u>3:35</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Address (complete only if different than shown above)				Signature of U.S. Marshal or Deputy 	

Costs shown on attached USMS Fee Sheet >>

REMARKS

Process accepted via Electronic Service

Service Fee

$$1 \text{ NR} \times \$65.00/\text{hr} = \$65.00$$

Mileage = 0Total 0 IFFUnited States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

PROCESS RECEIPT AND RETURN

See <https://www.uscourts.gov/uscourt> for more information.U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Carol Annino</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Carol Annino, PADD SCF-PHX</u> <u>% Wellpath Holdings LLC</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr., Collegeville, PA 19426</u>		
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 255 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>		

Alt Address: Wellpath Holdings LLC, 3340 Perimeter Dr., Nashville, TN 37211

Signature of Attorney or other Originator requesting service on behalf of:


☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02/21/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 255 if more than one USM 255 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input checked="" type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the on the individual, company, corporation, etc. shown at the address inserted below.					
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above) <u>Andrew Robinson - Claims Pro SE Adjuster, PMP</u>				Date	Time
Address (Complete only if different than shown above) <u>3340 Perimeter Hill Dr</u> <u>Nashville, TN 37211</u>				<u>3/21/23</u>	<u>3:35</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
				Signature of U.S. Marshal or Deputy	
					

Costs shown on attached USMS Case Sheet >>

REMARKS

Process accepted via Electronic Service

Service fee
 1 HIR x \$65.00/hr = \$65.00

Mileage - \$0

Total \$0 IFP

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania

PROCESS RECEIPT AND RETURN

See *Process Receipt and Return* for instructions.U.S. Department of Justice
United States Marshals Service

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Tara Jackson</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Tara Jackson, PADOC SCI-PHX</u>	<u>Yo Wellpath Holdings LLC</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Molybdenic Dr., Collegeville PA 19426</u>	
NO NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Molybdenic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>		

HT Address: Wellpath Holdings LLC, 3340 Penimeter Dr., Nashville, TN 37211

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

02/21/2023

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

acknowledges receipt for the total number of process indicated (sign only for USM 235 if more than one USM 235 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USM 235 (if any)

REMARKS

Tara Jackson Was terminated
as of 5/29/2022
No Fw address provided

United States Marshals Service
RECEIVED


MAR 16 2023

Eastern District of Pennsylvania

PROCESS RECEIPT AND RETURN

U.S. Department of Justice
United States Marshals ServiceSee *United States Marshals Service*

PLAINTIFF <u>Troy Vincent Lewald</u>		COURT CASE NUMBER <u>22-CV-04625</u>
DEFENDANT <u>Jackie Wood</u>		TYPE OF PROCESS <u>Summons/Complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Jackie Wood, PADOL SCI-PHX</u>		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1200 Mokychic Dr, Collegeville, PA 19426</u>		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Troy Vincent Lewald / NS1262</u> <u>1200 Mokychic Dr.</u> <u>Collegeville, PA 19426</u>		Number of process to be served with this Form 235 <u>2</u> Number of parties to be served in this case <u>47</u> Check for service on U.S.A. <input type="checkbox"/>
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service): <u>RA-CRLITIGATIONNOTICE@PA.GOV</u>		

Signature of Attorney, other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <u>02/21/2023</u>
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated <i>(Page only for USM 235 if more than one USM 235 is submitted)</i>	Total Process <u> </u>	District of Origin <u> </u>	District to Serve <u> </u>	Signature of Authorized USMS Deputy or Clerk <u> </u>	Date <u> </u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.					
<input checked="" type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)					
Name and title of individual served (if not shown above)				Date <u> </u>	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy <u> </u>	

Costs shown on *United States Marshals Service*

REMARKS

Jacqueline Wood was TerminatedLast Known address
was a P.O. BoxUSMS does Not serve process to
P.O. BoxNo Further EndeavorUnited States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania


PROCESS RECEIPT AND RETURN

See *United States Marshal's Service* for more information.U.S. Department of Justice
United States Marshals Service

PLAINTIFF Troy Vincent Lennard		COURT CASE NUMBER 22-CV-04625
DEFENDANT Courtney Cione		TYPE OF PROCESS Summons/Complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Courtney Cione, PADOL SCI-PHX		
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1200 Mokychic Dr., Collegeville, PA 19424		
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Troy Vincent Lennard / NS1262 1200 Mokychic Dr. Collegeville, PA 19424		Number of process to be served with this Form 255 2 Number of parties to be served in this case 47 Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service)		

RA - CRLITIGATIONNOTIC@PA.GOV

Alt Address: 1920 Technology Parkway, Mechanicsburg, PA 17050

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 02/21/2023
--	---	------------------	---------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

acknowledge receipt for the total number of process indicated Sign only for USM 255 if received and one USM 255 is submitted	Total Process _____	District of Origin No _____	District to Serve No _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input checked="" type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., or the address shown above on the on the individual, company, corporation, etc., shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below.)					
Name and title of individual served (if not shown above)				Date _____	Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only if different than shown above)				Signature of U.S. Marshal or Deputy _____	

Costs shown on (USM 255) USMS Case Sheet >>

REMARKS

Courtney Cione is a Contract Employee at SCI Phoenix

SCI Phoenix unable to accept Service on Behalf of Contract Employees

United States Marshals Service
RECEIVED

MAR 16 2023

Eastern District of Pennsylvania